

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S) <div style="text-align: center; font-size: 1.2em;">09/926299</div>				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		3					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16	1						66				
17		1					67				
18	1						68				
19		1					69				
20	1						70				
21		1					71				
22	1						72				
23		1					73				
24	1						74				
25		1					75				
26		1					76				
27		1					77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL	1	1					TOTAL IND.	1	1		
TOTAL		1					TOTAL DEP.		1		
TOTAL CLAIMS	1	1					TOTAL CLAIMS	1	1		